FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mike Erickson for Congress PO Box 23811 ADDRESS (number and street) (Check if address is changed) **Tigard** OR 97281 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address erickson@cc.electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mikeericksonforcongress.org/ (Check if address is changed) DATE 2022 C00809178 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. MARSTON, CHRIS, , , Type or Print Name of Treasurer MARSTON, CHRIS, , , [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate Erickson, Mike, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State OR District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	r Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1	

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		ickson for Congress	
6.	=	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi N FOR OR-06	p PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA MD 20824	
		CITY ▲ STATE ▲ Z	IP CODE ▲
	Relationship:	Connected Organization X Affiliated Organization Joint Fundraising Representative Le	adership PAC Sponso
7.	Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the person in possessior rds.	n of committee
		HANKINS, BRENDA, , ,	
	Full Name		
	Mailing Address	PO BOX 26141	
		ALEXANDRIA VA 22313	
		CITY ▲ STATE ▲ Z	IP CODE ▲
	Title or Position	▼	
	ASSISTANT TRE	EASURER Telephone number	
— 3.		the name and address (phone number optional) of the treasurer of the committee; and the nam agent (e.g., assistant treasurer).	e and address of
	Full Name	MARSTON, CHRIS, , ,	
	of Treasurer		
	Mailing Address	PO BOX 26141	
		ALEXANDRIA VA 22313	
		CITY ▲ STATE ▲ Z	IP CODE ▲
	Title or Position		
	TREASURER	Telephone number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			1
-			
		. 1 1	
	OITV A	 TE_A	7ID CODE 4
Title or Position		TE ▲	ZIP CODE ▲
	Telephone number		
	Depositories: List all banks or other depositories in which the committee de tes or maintains funds.	posits funds, hole	ds accounts, rents
Name of Bank, D	epository, etc.		
	WASHINGTON FEDERAL BANK		
Mailing Address	15444 SW PACIFIC HWY		
	TIGARD	OR 97224	
	CITY ▲ STAT	TE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	EVOLVE BANK & TRUST		
Mailing Address	301 Shoppingway Blvd		
	West Memphis	72301	
	CITY ▲ STA	TE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	С
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
NRCC OREGON	VICTORY		
<u> </u>			
	320 1ST STREET, SE		
Mailing Address	320 131 311 211, 32		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wells	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wells	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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). Joint Fundraising					
1.				FEC ID number	С
2.				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
ame of Any Connected (Organization, Affiliat	ed Committee, Jo	int Fundrais	sing Representativ	ve, or Leadership PAC Spor
TAKE BACK THE	HOUSE 2022				
Mailing Address	PO BOX 30844				
	BETHESDA			MD	20824
Relationship:		CITY A		STATE A	ZIP CODE A
Connected		filiated Committee		undraising Represent	tative Leadership PAC S
		filiated Committee		undraising Represent	tative Leadership PAC S
Connected esignated Agent: Identify		filiated Committee		undraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name		filiated Committee		undraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (p	filiated Committee	otional)		Leadership PAC S
connected esignated Agent: Identify Full Name Mailing Address	by name, address (p	phone number – op	otional)		
Connected esignated Agent: Identify Full Name	by name, address (p	phone number – op	otional)		
connected signated Agent: Identify Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor fety deposit boxes or mail	by name, address (p	other depositories	otional)	STATE A	
connected resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor fety deposit boxes or mailume of Bank, Chain E	by name, address (p	city other depositories	otional)	STATE A	ZIP CODE A
Connected signated Agent: Identify Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor fety deposit boxes or mail time of Bank, Chain Expository, etc.	by name, address (p	city other depositories	otional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	ig i artioipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
MIKE ERICKSON	I VICTORY FUND		
1			
Mailing Address	PO BOX 26141		
	ALEXANDRIA	, , VA	22313
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A